

Bacterial Analysis of Drinking Water Request Form

Please fill in all of the gray areas. See back for instructions.

<input type="checkbox"/> Public Drinking Water System <input type="checkbox"/> Private Drinking Water		PWS ID No.	
Public Water System Name		PWS only: If repeat sample, date of original positive:	
Customer / Agency Name		Attention:	
Mailing Address:		Contact Phone:	
City:	State:	Zip:	
Additional copy of report sent to:			
Address:	City:	State:	Zip:
Sample collected by:	Person transporting sample to lab:		Condition of Transport <input type="checkbox"/> Cooled <input type="checkbox"/> Carrier <input type="checkbox"/> Mail <input type="checkbox"/> Other _____



State of Idaho
 Bureau of Laboratories
 2220 Old Penitentiary Rd.
 Boise, ID 83712
 208-334-2235
 EPA ID00018

LABORATORY USE		SAMPLE DESCRIPTION				RESULTS			
Sample Identification Number	Sample Type Code	Sample Location (Sample ID)	Date Collected	Time Collected (Military)	Chlorine Residual PPM	Total Coliforms		Fecal coliform or <i>E. coli</i>	
						Standard Method	Result	Standard Method	Result

Sample Type Codes

RS- Routine Sample

RP-Repeat Sample (At original tap)

U – Upstream Repeat

D – Downstream Repeat

X – Other Repeat

W – Untreated (source)

C – Construction/Special

E – Enforcement (chain of custody required)

Chain-of-Custody Information

Relinquished by:	Date:	Time:	Received by:	Relinquished by:	Date:	Time:	Received by:
Relinquished by:	Date:	Time:	Received by:	Relinquished by:	Date:	Time:	Received by:

Special Instructions:

All samples will be analyzed for Total Coliforms unless otherwise requested.



Get your forms on the web at: <http://www.healthy.idaho.gov>; select 'Lab Submission Forms'

LABORATORY USE ONLY

How Received: Courier Walk-In Mail # Bottles / Sample: 1 Container Type: IDEXX Nalgene

Received by: _____ Billing / Receipt: _____ Received Temp <4 RT Lab Sample #: _____

Date / Time Received: _____ Lab Order ID: _____

Bacterial Analysis of Drinking Water Request Form Instructions

Sample must reach the laboratory within 30 hours of the time the sample is taken.

It is recommended the sample be kept at $< 10^{\circ}\text{C}$ while in transit but not frozen.

Collection of sample

1. Select a clean faucet which is not swiveled or hinged. Remove any screens or strainers.
2. Allow the water to run until the temperature becomes uniform usually about 3-5 minutes before taking the sample. Reduce the flow to reduce splashing while taking the sample.
3. Remove the shrink wrap from the sample bottle by lifting the red strip. You may notice a white powder in the bottle. That is there to neutralize chlorine if it is present but does not interfere with the test.
4. **Do Not Remove the lid from the bottle until just before taking the sample.** While you are filling the bottle, hold on to the lid so that neither the lip of the bottle nor the inside surfaces of the cap touch anything.
5. **Fill the bottle to the 120 ml mark leaving a 1" head space.** If you are using a larger bottle also leave an inch head space to allow for mixing.
6. Fill out the label on the bottle to maintain integrity if sample and paper work are separated.
7. **The person submitting the water sample must fill in the shaded areas completely. Up to five samples from the same system may be submitted on the same form.**
 - a. Water System Name if a Public Water System.
 - b. PWS ID No. seven digit number assigned by DEQ
 - c. Name, address, phone number, city, state, zip code and county of the person who is to receive the final report.
 - d. Name of person collecting the sample.
 - e. Indicate regulatory agency if applicable.
 - f. Name of the person transporting the sample to the laboratory along with condition of transport.
 - g. If this is a repeat sample from a Public Water System fill in the date of the original positive sample.
 - h. Sample type code see legend in lower half of page.
 - i. Sample location, physical description where sample was taken, the date the sample was collected, military time, and chlorine residual if system is chlorinated.
 - j. Sign chain of custody either when sample is mailed or when delivered to the laboratory. Special instructions may be added in the gray box provided at the bottom of the form.
8. **Explanation of Test Results**

Total coliform Present: The sample contains total coliform which indicates an increased probability of disease causing organisms being in the sample. Sample does not meet the specification for potable water as established by EPA.

E. coli Present: The sample is contaminated by fecal material and may contain disease causing organisms. Sample does not meet the specification for potable water as established by EPA

Total coliform or E.coli Absent: This type or group of bacteria were not found in the sample. Sample meets the specifications for potable water as established by EPA.

Water which contains either total coliform or *E.coli* should not be used for drinking, personal hygiene or in the preparation of food. Please contact your local health district or regulatory agency for directions as to how to decontaminate your well.

All drinking water samples will be tested for total coliform and *E.coli* utilizing SM9223B unless otherwise requested. Please contact the environmental microbiology section at (208-334-2235) if you have additional testing needs or questions or go to the web site:

<http://www.healthandwelfare.idaho.gov/site/3384/default.aspx>